1422 Evaluation

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1422 Framework

- 5 communities implementing all 1422 strategies
- State provides coordination, training, and guidance to communities
- State also leverages partnerships with statewide entities to implement activities that complement community-level work

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Coordination with 1305

- Leveraged 1305 activities and partners to complement 1422 implementation:
  - Healthiest Maryland Businesses (HMB) Regional Coordinators, supported by 1305, provide technical assistance to 1422 communities on multiple Component 1 strategies
  - 1422 strategies to scale and sustain the Diabetes Prevention Program (DPP) build on 1305 work to increase access to and availability of DPPs statewide
  - 1305 partnership with the Mid-Atlantic Association of Community Health Centers (MACHC) supported baseline data collection for Component 2 strategies
    - 1422 strategies built on this statewide partnership, utilizing a local approach to implement policy and systems changes in FQHCs

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Evaluation of State Level Work

- Developed and used reporting templates to collect data from contractors
- Conducted process evaluation by documenting technical assistance provided to communities
- Leveraged academic partnerships for additional evaluation activities

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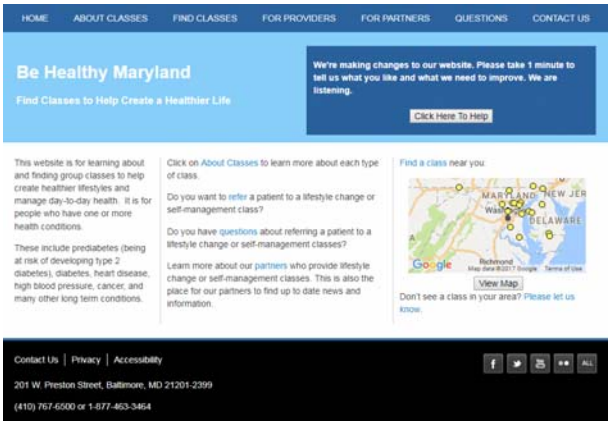
Be Healthy Maryland

- Be Healthy Maryland referral website
- Workshop Wizard
- Quality assurance to DPPs
- Be Healthy Maryland usability assessment



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Maryland Tobacco Quitline

- Implemented bidirectional referral process between Maryland Tobacco Quitline and DPPs
- 159 referrals from Quitline to a DPP
  - Of 59 people whose referrals were documented in Workshop Wizard, 36% enrolled, 42% were uncommitted/unsure, and 22% declined
  - In process of expanding referrals to DPPs from 9 zip codes to 41
- "Linking the Maryland Tobacco Quitline and the National Diabetes Prevention Program" poster presented at 2017 National Conference on Tobacco or Health

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PAPRN+

- Johns Hopkins University collaborated with the University of Maryland and MDH to analyze HMB data
- Added supplemental physical activity questions and interviewed Regional Coordinators and businesses
- Abstracts presented at 2017 American Public Health Association:
  - "A Qualitative Study of Workplace Programs and Policies that Promote Physical Activity"
  - "Targeting Factors in the Workplace for Physical Activity Promotion: The Healthiest Maryland Businesses Initiative"

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PAPRN+ Findings

- Facilitators of physical activity include having a wellness committee, supportive leadership, and workplace culture that values wellness
- Desire for more data on the return-on-investment
- Business size associated with differences in resources and types of workplace programs and policies
- HMBs demonstrated improvement in 4 of 9 physical activity best practices: signs promoting stair use, physical activity benefit information, seminars/workshops, and free/subsidized physical activity self-management programs (McNemar's $p<0.05$)

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Walk Maryland Day (10/5/16)

- 2016 Walk Maryland Day Final Report
  - An estimated 80 attendees participated in the 0.75 mile walk at the State Center
  - 104 schools registered for International Walk to School Day
  - University of Maryland Extension Virtual Walking Program saw increased registration, with 64 new individuals (50 of whom did not consider themselves regular walkers)
- "Engaging State and Local Partners to Promote Walk Maryland Day" abstract and presented at 2017 National Health Outreach Conference



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Evaluation of Community Level Work

- Local health departments submitted reporting templates quarterly
  - Included quantitative and qualitative data (i.e. numbers for performance measures, successes/accomplishments, and facilitators and barriers)
  - Data aggregated within and across communities
- Reviewed of program records, including quarterly reports, work plans, and meeting/call minutes
- Leveraged State partnerships for additional evaluation
- Conducted interviews with 1422 program staff

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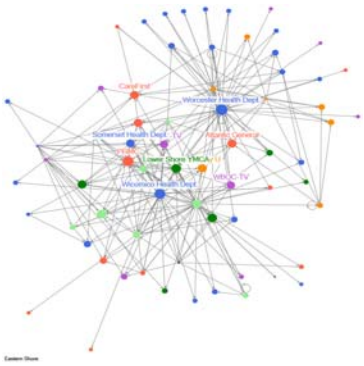
Network Analysis

Strategy 1.5: Plan and execute data-driven actions through a network of partners to build support for lifestyle change

- Network analysis to identify partners and relationships
- Assessment of network collaboration
- Planning feedback session and workshop on network management



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Walking Plan Assessments

Strategy 1.4: Develop and/or implement transportation and community plans that promote walking

- Developed a walking plan assessment report for each community
- 1422 staff provided guidance to local health departments in reviewing their report and developing next steps


Create Pedestrian-friendly Street and Streetscape Design

Potential Actions by Stakeholders

Potential Approaches and Action Steps for Health Departments

Additional Resources:

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NPAO Policies and Systems

- [PM 3 and 4] 132 retail venues, reaching an estimated 438,203 adults were established or improved to promote healthier food access through the increased availability or improved pricing, placement, and promotion of health foods
- [PM 5 and 6] 144 policy and/or environmental changes, reaching an estimated 659,008 adults, were implemented to promote physical activity in schools, parks, community centers, trails, playgrounds, worksites, and other settings

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DPP Expansion

- 9 new DPPs established using start-up funds
    - Plan to use State 1422 funds to support 2-3 non-1422 jurisdictions in establishing DPPs where none currently exist
- [PM 23] 182 priority population participants enrolled in DPP, including 111 in DPPs receiving 1422 funds and 71 in 1422-funded local health departments
- [PM 12 sub-row]15 businesses received in-depth technical assistance on increasing coverage for DPP

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Health Systems Changes

As a result of 1422 efforts:

- [PM 15] 3 FQHCs developed or improved a policy or system to encourage a multi-disciplinary team approach to blood pressure control
- [PM 16] 4 FQHCs developed or improved a policy or system to encourage self-monitoring of blood pressure
- [PM 17A] 4 FQHCs developed or improved a policy or system to facilitate identification of undiagnosed hypertension
- [PM 17B] 4 FQHCs developed or improved a policy or system to facilitate identification of people with diabetes

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Team-Based Care

- [PM 19] 76 community pharmacists engaged to promote medication-/self-management
- [PM 18] 9 CHWs in FQHCs engaged to link patients to community resources

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Reaching Priority Populations

- Time, transportation, and financial barriers may prevent access to healthy food, physical activity, and participation in lifestyle change programs
- Strategic partnerships help address barriers:
  - Engaged local YMCAs to offer free child care during DPP classes
  - Provided guidance to worksites that employ priority populations (e.g. large hospitals) to implement policies that encourage physical activity
  - Work with FQHCs, which serve low income patients, to identify undiagnosed prediabetes and hypertension and refer to lifestyle change programs

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Priority Populations in Rural Communities

- Identified and worked to overcome challenges faced by rural communities
  - Difficult to recruit enough participants for each DPP cohort
    - Efforts made to ensure recruitment strategies and messages would work for priority population
  - Lack of sidewalks and crosswalks near worksites in rural counties
    - Communities are working to develop and implement community walking plans

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Questions?